

"3. Immorality of life in the males, for a limited period, was frequent. Syphilis and gonorrhœa had occurred and recurred frequently. Masturbation and seminal emissio had been common. The evils attending occupation were very considerable and important, since in two-thirds of the cases they were complained of. Of these, long and late hours, close and hot rooms, and exposure, were the most frequent. Anxiety was prevalent.

"4. Of the sporadic disease of infancy, by far the most frequent was measles; and neither scarlatina nor smallpox had occurred in one-half of the cases. The occurrence of each of the diseases in adult life was recorded, but it was very unfrequent. Evils resulting from these diseases were very insignificant.

"5. The occurrence of the evidence of scrofulous disease was very rare, except in the instance of enlarged glands; but it is possible that a different result might be obtained from inquiries made at the children's hospital and in institutions where scrofulous cases are congregated. At the Hospital for Consumption there is shown to be no general or necessary connection whatever between marked scrofulous diseases and phthisis.

"6. Of general diseases, those only which were frequent were inflammation of the lungs and rheumatism.

"7. The occurrence of consanguinity in the parents, and of dry-nursing was scarcely found. Asthma was found in one of the parents, and chiefly the mother, somewhat frequently.

"I have not, in this summary, entered into a minute analysis of the results obtained in this inquiry, but have selected only those which occupy a prominent place, or may be grouped together. The results obtained will bear, it is hoped, an importance beyond that to which I have applied them, and will be of greater value when similar inquiries shall have been made upon other large sections of the community. Whilst it has been shown that many conditions have less importance in connection with phthisis than has heretofore been believed, there is much evidence to show that the disease is frequently allied with a state of system defective in vital power and resistance, both of the patient, and his parents, and his children. The large proportion in which none of those states of health could be discovered, is, however, sound proof that phthisical patients are a mixed class, and that the disease arises under very diverse conditions. As to the bearing of this inquiry upon life assurance, I think it may be inferred that there is no such oneness of type of constitution that the most minute historical research could be a sufficient guide as to the future probability of the occurrence of consumption. There is clearly great diversity of causes leading to that issue, and hereditary influence can only be regarded as one of them. If the inquiry could have determined the proportion of persons derived from consumptive parents who would themselves become consumptive, it would have been more to this purpose; but such an inquiry is manifestly impossible. The only safeguard to life offices is, I believe, the estimation, by careful examination, of the degree of health of the proposed assurer; and, above all, the careful examination of the chest by those whose duties make them especially familiar with the subject, and particularly with the early conditions which precede the ordinary manifestations of lung disease."

22. Cases of Phthisis—Arrest of the Disease, and remarkable gain in Weight.—Case 1. M. N., aged 17, a servant, residing at Stepney, admitted to Montgomery Ward [Hospital for Consumption and Diseases of the Chest, Brompton], Aug. 25, 1862, under Dr. POLLOCK. Father died of phthisis. Ill two years, cough constant, but very moderate expectoration. Never had haemoptysis; has lost much flesh; night sweats last three months. Complains of pain in right side and back, much debility, dyspnoea, vertigo, tinnitus aurium, and dim vision. Pulse rapid, small; tongue clean; appetite good; catamenia had appeared once only, six months ago.

Physical Signs.—Right: dulness from the clavicle to the third rib; blowing on inspiration and expiration, and large dry crackle. Some signs in suprasternal fossa. Base clear. Left: expiration much prolonged, and rough respiration throughout.

The girl stated that she had lived well, had had meat daily, and had not been

overworked. She was ordered a dessertspoonful of cod-liver oil twice daily, and five grains of citrate of iron in infusion of calumbo. The latter was changed a month later for a mixture of citrate of iron and quinine. Full diet consisting of four liberal meals per diem, one of them of meat *ad libitum*, and wine.

The following is her weight table:—					The progressive increase has been:—				
		st.	lbs.						lbs.
Sept. 1	7	0½	1st fortnight gained	.	.
" 15	7	7	2d	"	6½
" 29	7	10	3d	"	3
Oct. 13	8	0½	4th	"	4½
" 27	8	5	5th	"	4½
Nov. 10	8	7	Last three weeks	.	2½
Dec. 1	8	13		.	6
							Total gain in 91 days .	.	27

Cod-liver oil had been regularly taken for three months before admission.

On November 12, the following were the physical signs on the right side: Dulness, as before; dry, leathery, creaking sounds have replaced the cracking under the clavicle; below this is heard a whistling, dry inspiration; no moist sounds anywhere; the catamenia are still absent. This patient expresses herself as much relieved, and seems not to have much the matter with her. The night sweats ceased long ago.

Remarks by Dr. Pollock.—This seems to be a case of chronic tubercle in one lung, derived hereditarily, with little activity of the constitutional mischief, and arrested before softening had occurred to any extent, and before the isolated deposits had coalesced to form a cavity. On the eve, as it were, of such occurrence, the disease stopped short, the tubercle tending to dry, local irritation ceasing, and the nutritive processes of the body proceeding rapidly to replace the waste undergone by the tissues. It is important to observe that this patient was not taken from poverty and placed in the midst of plenty, for her living had been previously good; but it is equally important to remember that she was taken from a life of daily labour and anxiety, and placed where there was no necessity of any exertion of mind or body, and where every want was cared for. The remedial influences were, therefore, many in addition to those purely medicinal. She had taken cod-liver oil for three months before admission.

The following case presents many points of similarity:—

Case 2. M. A. G., aged 15, tailoress, admitted under Dr. Pollock, August 26, 1862, Harewood ward. Has always lived at home; the family being in comfortable circumstances, had meat daily. Of middle height, chest pretty well shaped, hair light brown; of lymphatic temperament. Her father, mother, and several maternal uncles and aunts, died of phthisis. Ill three months, cough constant for that period, with slight expectoration. No haemoptysis; catamenia established at 13, now absent for five months; no sweatings; complains of cough, debility, flushing; appetite indifferent; tongue clean; pulse quiet.

Physical Signs.—Left: dulness on percussion; humid crepitus over the whole front and axilla; also in supra-spinous fossa; rough respiration at base posteriorly. Right: percussion slightly dull; clicking sounds in supra-spinous fossa, and along spine; posterior base pretty clear. She has considerably lost flesh.

The following is her weight table:—					The progressive increase has been:—				
		st.	lbs.						lbs.
Sept. 1	6	13	1st fortnight gained	.	.
" 15	7	4	2d	"	5
" 29	7	8	3d	"	4
Oct. 13	7	13	4th	"	5
" 27	8	1	5th	"	2
Nov. 10	8	6	6th	"	5
" 24	8	7½			1½
							Total gain in 85 days .	.	22½

This girl is also now in a very comfortable condition, coughs little, sleeps well, and expectorates scarcely anything. The catamenia have not been re-established.

The physical signs in this case underwent an alteration coincident with the improvement in health. On November 12, a careful examination gave rough, dry inspiration, and prolonged expiration over left side, instead of the humid crepitus formerly noticed.

The points of resemblance in the two cases (Dr. Pollock said) were: In both the disease was hereditary; occurred at the period of growth; in neither had there been haemoptysis; the absence of fever, and the similarity of temperament (the lymphatic); the moderate amount of expectoration; the unimpaired condition of the digestive functions; the suspension of uterine activity; the limited amount of disease in the lung; and the characters of, and changes in, the physical signs denoting a deposit in the lung undergoing alterations rather of an absorptive than of a softening nature. A theoretical view of the two cases implies that a slight injury having been sustained by the lung, not only did the deposit undergo changes indicating a tendency to dry up, and leave behind merely the inorganic elements of tubercle, but the still more important fact, that the impairment of nutrition, in which the morbid changes originated, had ceased, and that the tissues of the body were again being built up of healthy material. Such a condition may fairly be called an "arrest" of diseased action, and exhibits, hopefully to the practitioner, clear evidence of the reparative powers and tendencies of the system.—*Med. Times and Gaz.*, Jan. 24, 1863.

23. *Clubbed Fingers in Diseases of the Chest.*—M. TROUSSEAU carefully points out every year to his pupils the peculiar deformation of the hand, called *hippocratic* or *clubbed finger*, which, since the most remote antiquity, has attracted the notice of pathologists. Ancient writers thus describe the appearance of the fingers in consumptive subjects: "*Tabidis unques contrahuntur*, or "*tabidis unques adunci*." In 1832, M. Pigeaux, a Paris practitioner, again invited attention to this, in some measure, forgotten symptom, and endeavoured to establish with precision its semeiotic value. M. Trousseau describes it as follows: It is a shortening of the third or ungual phalanx, attended with inspissation and transversal enlargement of the digital extremity. The nail, at the same time, becomes innervated and the point of the finger assumes the shape of a club, or more properly, of the head of a serpent. The deformation is sometimes a slow process, but occasionally takes place very rapidly, and not without pain. M. Trousseau remarks that, not having observed clubbed fingers in genuine scrofula, nor in uncomplicated abdominal tuberculosis, he inclines to consider the symptom as special to chronic affections of the chest. He has met with it in the second and third stages of pulmonary consumption, and in young subjects suffering from chronic pleurisy. The sign is not, therefore, exclusively pathognomonic of phthisis; but the clubbed finger is much more frequently observed during the progress of that affection, and the unciform nail becomes better marked in proportion as the disease is in a more advanced stage. In the main, M. Trousseau opines that the hippocratic finger affords valuable presumptive evidence of the existence of pulmonary consumption. He ascribes the alteration of shape to hypertrophy of the bone, or at least to preternatural development of the fibro-cellular tissue in the pulp of the finger, invading the thumb and index, first of the right and afterwards of the left hand; the other fingers becoming successively affected in the order of their development, the little finger thus preserving sometimes its natural form, while all the others are already distinctly clubbed. M. Caron recently brought the question before one of the medical societies of Paris; and although he agrees with M. Pigeaux and Trousseau as to the semeiotic import of the symptom, he connects it also with the serulous diathesis. In a recent number of the *Revue Médicale*, a new explanation of the deformation of the fingers is given by M. de Saint-Maclout. He observes, that in cyanosis, as M. Gintrac has before correctly remarked, the digital extremities sometimes assume the hippocratic character. The disturbance of nutrition in the cyanosis is consequent on the admixture of venous with arterial blood; and it does not appear improbable that the same